

See "Instructions for Filling out the Work Permit" contained in the Work Planning and Control for Experiments and Operations Subject Area.

1. Work request WCC fills out this section.
☐ Standing Work Permit

Requester: Don Lynch	Date: 5/27/2014	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: Don Lynch		Start Date: 5/28/2014	Est. End Date: 7/7/2014
Brief Description of Work: Radiation Monitoring Test, CM region			
Building: 1008	Room: IR, CM region	Equipment: He3 proportional Chamber	Service Provider PHENIX Techs

2. WCC, Requester/Designee, Service Provider, and ESS&H (as necessary) fill out this section or attach analysis

ESS&H ANALYSIS			
Radiation Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> NORM
	<input type="checkbox"/> Other		
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer	
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
Safety and Security Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
* Safety Health Rep. Review Required	<input type="checkbox"/> Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM	<input checked="" type="checkbox"/> Other Securing device in magnetic field	
Environmental Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by:		<input type="checkbox"/> Other	
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
FACILITY CONCERNS	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Intermittent Energy Release	
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Vibrations
<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
<input type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
		<input type="checkbox"/> Electrical Inspection Required	
Personal Protective Equipment			
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input checked="" type="checkbox"/> Gloves as appropriate	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Harness
<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> High visibility cloths/vest	<input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems	
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
Dosimetry/Monitoring			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
PHENIX Awareness, CA Access or Equiv.			
Based on analysis above, the Review Team determines the risk, complexity, and coordination ratings below:		If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)	
ESS&H Risk Level:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	WCC:	Date:
Complexity Level:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Service Provider:	Date:
Work Coordination:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Authorization to start	Date:
(Department/Division, or their equivalent, Sup/WCC/Designee)			

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, scheduling, coordination, notifications, and personnel availability need to be addressed in adequate detail): see attached plan

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)

None

Notifications to operations and Operational Limits Requirements: None

Post Work Testing, Notification or Documentation Required:

Job Safety Analysis Required: ☐ Yes ☒ No

Review Done: ☒ in series ☐ team

Reviewed by: * Primary Reviewer signature means that the Review Team members were appropriate for the work that was planned, the Team visited the job site, hazards and risks that could impact ESS&H have been considered and controls established according to BNL requirements. In addition, this signature indicates that applicable JRAs, FRAs, as well as other planning documents have been reviewed and training requirements have been identified and recorded on this permit.

Title	Name (print)	Signature	Life #	Date
ES&H Professional				
F&O Facility Project Manager				
Service Provider				
Work Control Coordinator	Don Lynch		20146	
Safety Health Representative				
Research Space Manager				
Other				
Other (PHENIX Escort)				
Required Walkdown Completed				
*Primary Reviewer				

4. Job site personnel (Supervisor and workers) fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments) and all training required for this permit is current/complete. Job Supervisor/Contractor Supervisor signatures also includes verification that worker training required for this permit is current/complete.

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ESS&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Department/Division, or their equivalent, Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See Work Planning and Control for Experiments and Operations Subject Area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of job site to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc., is initiated, if necessary.

Name:	Signature:	Life#:	Date:
Comments:			

Run 14 Radiation Monitoring Test**INTRODUCTION**

On the next access/maintenance day, PHENIX Techs will install some additional radiation monitoring in the central region, using one more of the CERN “radmon” boards which are already installed on the PHENIX magnet poletips and in the MPC cavity, as well as a single box containing a Hamamatsu 10362 silicon photomultiplier (SiPM) which will be used to put a limit of radiation damage during the final two weeks of the 200 GeV Au+Au run.

place an additional radmon board in the IR in the central region, along with a little box with an SiPM to measure the leakage current over the last two weeks of the run 14 Au+Au run.

PHENIX Techs will also install in the central region a neutron detector, which consists of the same He3 filled proportional tubes used by STAR to assess the thermal neutron background (Nuclear Instruments and Methods in Physics Research A 756 (2014) 68–72). This device is a stainless steel tube connected by a single RG59 cable to a small NIM bin of electronics outside the magnet. The device will be mounted on the PHENIX CM lift table.

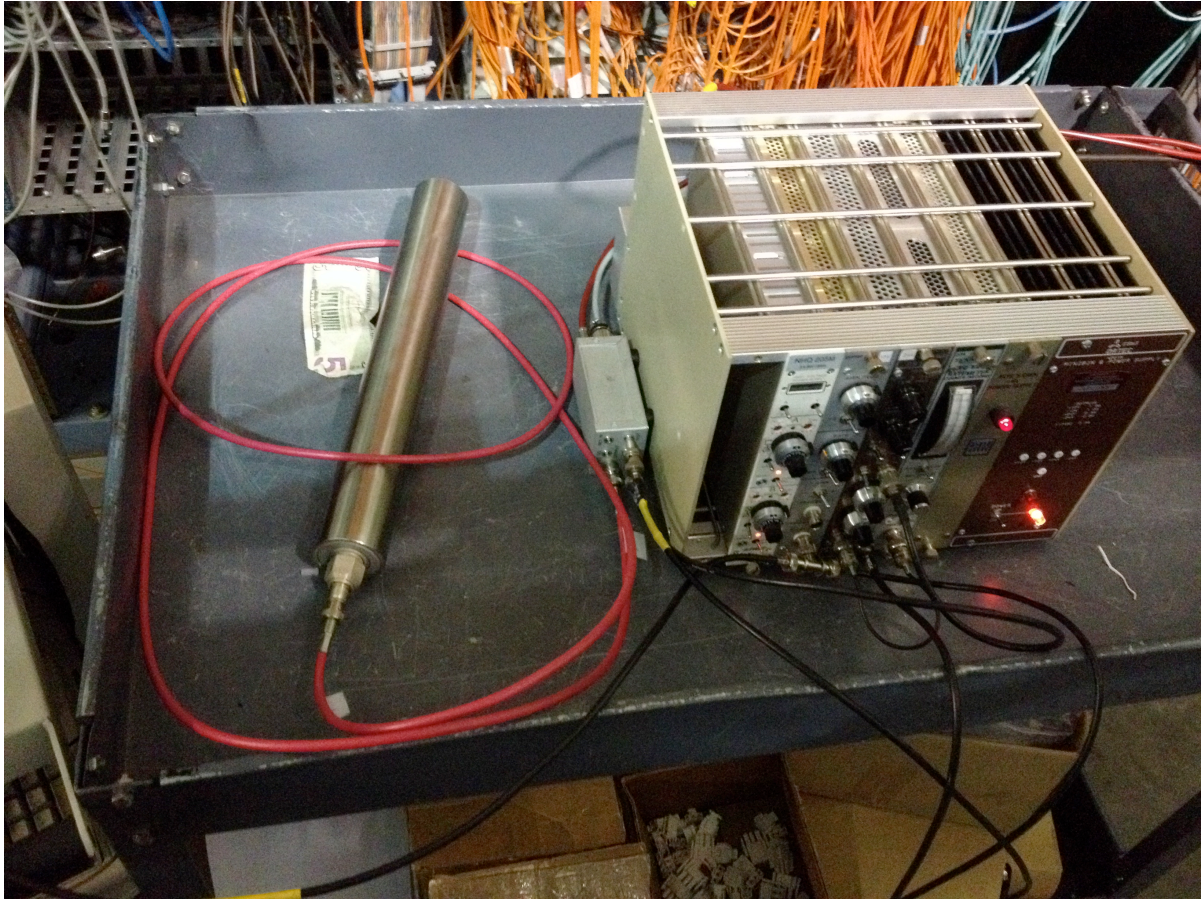
The chamber is 304 stainless, which is non-magnetic, but which will be securely attached to the lift table which is magnetic in any event. The readout would just be into existing RHIC scalers with existing RHIC cables.

Procedures

All work described herein shall be coordinated and performed by PHENIX technicians, engineers and/or PHENIX experts as appropriate to the. All working personnel shall have appropriate skills and training to accomplish the work described herein. All workers shall have and wear the appropriate personal protective equipment (PPE) for each task.

1. After the maintenance access is commenced, PHENIX North South and Central Magnets shall be turned off and locked out..
2. Access to the CM area shall be achieved by moving the EC to the east.
3. The monitoring package shall be securely attached to the PHENIX CM lift table in a manner determined appropriate by PHENIX techs and at a location selected by PHENIX experts.
4. All cables are to be run neatly, safely and efficiently from the equipment to a suitable location on the northwest end of the PHENIX Central Magnet, where they will be connected to existing data acquisition equipment as directed by PHENIX experts and operational tests shall be performed to demonstrate adequacy of the installation as directed by PHENIX experts.
5. After installation and testing. the EC shall be returned to its run position and all PHENIX magnets unlocked and ramped back to appropriate operating fields.

The components, ready for installation in the IR, are shown in the following picture.



All of the tasks described above are common worker planned work tasks. Upon completion of the installation all workers shall sign this work permit and any “lessons learned” or other appropriate comments and observations concerning this work shall be noted on the work permit or other sheets which shall then be attached to the work permit. This work permit shall then be closed out.